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| VEB\_18.docx 10/30 (previously DSPD fm1229) | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Veterinary Examining Board  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4353 |
| COMMUNICABLE DISEASES CERTIFICATION FORM | |

**Information Required by DHFS 145**

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| I hereby certify that I am familiar with the State of Wisconsin health laws and rules of the Department of Health as related to communicable diseases. | |
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| Type of Credential (please print) | |
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|  | |
| Application ID Number (please print) | |
|  | |
|  | |
| Print Name of Applicant | |
|  |  |
|  | /  / |
| Signature of Applicant | Date |

**Committed to Equal Opportunity in Employment and Licensing**